

ST CROIX CATHOLIC SCHOOL
KINDERGARTEN REGISTRATION School Year 2010 – 2011

Date _____

*To complete enrollment, please include with this form: copy of Birth Certificate,
copy of Baptismal Certificate, \$125.00 New Student Fee; \$100.00 Pre-registration Fee.
One check for \$225.00 can be made out to SCCS.*

Student's Name _____ M ____ F ____

(Verf ____) Birthdate _____ Birthplace (City & State) _____

(Verf ____) Baptism: Date _____ Church _____
City _____ State _____

Student's religion _____

Previous School Experience _____

I am requesting the following program: All Day _____ Half Day _____

Mother/Guardian's Name _____

Does child live with Mother/Guardian? Yes _____ No _____

Mother/Guardian's Address _____

Street City State Zip

Home Telephone _____ Cell Phone _____

Mother's Religion _____ *(please list)*

Parish: St. Michael's _____ St. Mary's _____ St. Charles _____ Other _____

Place of Employment _____

Work Telephone _____

Father/Guardian's Name _____

Does child live with Father/Guardian? Yes _____ No _____

Father/Guardian's Address _____

Street City State Zip

Home Telephone _____ Cell Phone _____

Father's Religion _____ *(please list)*

Parish: St. Michael's _____ St. Mary's _____ St. Charles _____ Other _____

Place of Employment _____

Work Telephone _____

Has your child had an Early Childhood Screening in your home school district?

Yes _____ No _____ What district? _____

(Screening is required. If your child has not had an early childhood screening or is not already scheduled for one, please contact your home school district for more information about how to schedule an appointment.)

Younger Siblings:	<i>Name</i>	<i>Age</i>	<i>Birthdate</i>
	<i>School</i>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact - In the case of Emergency when parents cannot be reached:

Contact person _____ Telephone _____

Address _____

Student's Doctor _____ Telephone _____

Student's Dentist _____ Telephone _____

Special Health Considerations _____

Please check **all** circumstances that apply:

- _____ Student has a sibling who is a student at SCCS.
- _____ Student has a sibling who is a former student of SCCS.
- _____ Student's parents/guardians are registered members of St. Michael's, St. Mary's, or St. Charles parish.
- _____ Student has a parent who is an alumni of SCCS
- _____ Student has a parent who is a former parishioner of St. Michael's, St. Mary's, or St. Charles.

In which school area do you live? *Circle one.*

- Afton Lakeland
- Andersen
- Lake Elmo
- Lily Lake
- Oak Park
- Marine
- Stonebridge
- Withrow
- Valley Crossing
- Rutherford
- Another District _____ (please indicate #)

New Student Fee Rec'd: Yes _____ No _____

Amount _____ Date _____ Cash _____ Check _____ Initial _____

Pre-registration Deposit Rec'd: Yes _____ No _____

Amount _____ Date _____ Cash _____ Check _____ Initial _____